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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: J. M. Canich
Serial No.: 07/676,690
Filed: March 3, 1991
For: OLEFIN POLYMERIZATION CATALYSTS
Group Art Unit: 150
Art Unit: 1505
Examiner: David Wu

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JUN 8 1992 Linda
GROUP 150 B.

New York, New York

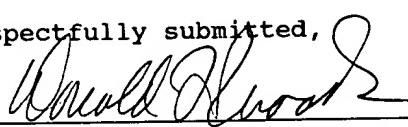
Hon. Commissioner of Patents
and Trademarks
Washington, D.C. 20231

POWER TO INSPECT AND MAKE COPIES

Sir:

Please permit Ms. Pat Paxton, or her duly authorized representative, to inspect the file of the above-identified patent application and to make copies of any papers in the file.

Respectfully submitted,


Donald L. Rhoads

Registration No. 34,705

c/o FISH & NEAVE
875 Third Avenue
New York, New York 10022
Tel.: (212) 715-0600

*Approved
E.A. Pollard
06/08/92*

Modified PTO 1083
For Other Than A Small Entity

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Sigda JUN 8 1992
B GROUP 150

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TRANSMITTAL LETTER

Sir:

Transmitted herewith: [] a Preliminary Amendment; [] a Response to Examiner's Action; [] a Supplemental Amendment; [] a substitute Specification; [] a Declaration; [] a Supplemental Declaration; [X] a Power of Attorney; [] an Associate Power of Attorney; [] formal drawings; to be filed in the above-identified patent application; [] Supplemental Information Disclosure Statement; [X] a Power of Inspection.

FEE FOR ADDITIONAL CLAIMS

[] A fee for additional claims is not required.

[] A fee for additional claims is required. The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	-	*	=	x \$20 = \$
INDEPENDENT CLAIMS	-	**	=	x \$72 = \$
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM				+ \$220 = \$

* If less than 20, insert 20.
** If less than 3, insert 3.

TOTAL \$ _____

- [] A check in the amount of \$_____ in payment of the fee for additional claims is transmitted herewith.
- [] The Commissioner is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.16 in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
- [] Please charge \$_____ to Deposit Account No. 06-1075 in payment of the fee for additional claims. A duplicate copy of this transmittal letter is transmitted herewith.

EXTENSION FEE

- [] The following extension is applicable to the Response filed herewith; [] \$110.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.17(a); [] \$350.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.17(b); [] \$810.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.17(c); [] \$1,280.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.17(d).
- [] A check in the amount of [] \$110.00; [] \$350.00; [] \$810.00; [] \$1,280.00; in payment of the extension fee is transmitted herewith.
- [] The Commissioner is hereby authorized to charge payment of any additional fees required under 37 C.F.R. § 1.17 in connection with the paper(s) transmitted herewith, or to credit any overpayment of same, to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.
- [] Please charge the [] \$110.00; [] \$ 350.00; [] \$810.00; [] \$1,280.00; extension fee to Deposit Account No. 06-1075. A duplicate copy of this transmittal letter is transmitted herewith.


Donald L. Rhoads
Registration No. 34,705

c/o FISH & NEAVE
875 Third Avenue
New York, New York 10022
Tel.: (212) 715-0600